

Application Data Sheet

Application Information

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|-------------------------------------|--|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | STACK OF INTERFOLDED ABSORBENT SHEET PRODUCTS |
| Attorney Docket Number:: | 1517-1034 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES OF AMERICA
Status:: Full Capacity
Given Name:: ROBERT
Middle Name:: C.
Family Name:: HOCHTRITT
City of Residence:: NEENAH
State or Province of Residence:: WISCONSIN
Country of Residence:: UNITED STATES OF AMERICA
Street of Mailing Address:: 1867 EAGLE DRIVE
City of Mailing Address:: NEENAH
State or Province of Mailing Address:: WISCONSIN
Country of Mailing Address:: UNITED STATES OF AMERICA
Postal or Zip Code of Mailing Address:: 54956

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES OF AMERICA
Status:: Full Capacity
Given Name:: ANDREW
Middle Name:: M.
Family Name:: CONGER
City of Residence:: NEENAH
State or Province of Residence:: WISCONSIN
Country of Residence:: UNITED STATES OF AMERICA
Street of Mailing Address:: 2975 FAIRWINDS DRIVE
City of Mailing Address:: NEENAH
State or Province of Mailing Address:: WISCONSIN
Country of Mailing Address:: UNITED STATES OF AMERICA

Postal or Zip Code of Mailing Address:: 54956

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|----------------------|-------------------------|-------------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
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Assignment Information

Assignee Name::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::